| PATENT APPLICATION FEE DETERMINATION RECO             |   |                  |                    | Application or Docket Number 2782953 |              |              |        |  |
|---|---|------------------|--------------------|--------------------------------------|--------------|--------------|--------|--|
| CLAINS AS   | S FILED - PART  <br>(Column 1) (Column 2) |                  | SMALL ENTITY TYPE  |                                      | OTHER THAN   |              |        |  |
| TOTAL CLAIMS  |   |                  | RATE               | FEE                                  |              |              |        |  |
| FOR   | MACRENIZIED                               | MUMBER EXTRA     |                    | 355.00                               | 1            | BASIC FEE    | 710.00 |  |
| TOTAL CHARGEABLE CLAIMS                               | 10 1 minus 20-                            | . 31             |                    | 100                                  | ┨┈           |              | 71000  |  |
| NDEPENDENT CLAIMS                                     | t Suntra V                                | 15               | X\$ 9-             |                                      | _ OA         | X\$18-       |        |  |
| MULTIPLE DEPONDENT CLAIM PR                           |   | 7.5              | X40-               | 600                                  | OR           | X80=         |        |  |
|   |   |                  | +135-              |                                      | OЯ           | +270=        |        |  |
| "If the difference in column 1 is i                   |   | ) W              | TOTAL              | 684                                  | OR           | TOTAL        |        |  |
| N - ZI AC   | MENDED - PAR                              |                  |                    |                                      | -            | OTHER        |        |  |
| Car s   |   | 3) (Column 3)    | SMAL               | YTITUS                               | OA<br>T      | SMALL        |        |  |
| REMADUNG<br>AFTER                                     | PREVIO                                    | HUSLY DOTTA      | PATE               | TIONAL                               |              | RATE         | 400A   |  |
| APTER AMENGMENT  Total                                | PAID                                      | FCU1             |                    | FEE                                  | 1            |              | FEE    |  |
| Independent . 1                                       | Minus (                                   | 1-/-             | X\$ 9=             |                                      | OR           | X\$18=       |        |  |
| FIRST PRESENTATION OF MU                              |   | 8) - /           | X40-               |                                      | OR           | X80-         |        |  |
| +   |   | · 11             | +135=              |                                      | OR           | +270=        |        |  |
|   |   |                  | 1014               |                                      | <b>√</b> ``` | TOYAL        |        |  |
| 5 13(10 Column 1)                                     | (Cotur                                    | vi 2) (Cotumn 3) | ADDIT FE           | ٠                                    | JOR          | ADDIT FEE    |        |  |
| REMARKS   | St. M                                     | 3                |                    | I ADOI-                              | 1            |              | ADDI   |  |
| AMEL T  | P   | Y DATA           | . PATE             | TIONAL                               |              | RATE         | 'ONAL  |  |
| REMARKING T   | - 11                                      | 7/               | x ,                | FEE                                  |              |              | TFE_   |  |
| Independent . //                                      | $-\nu$                                    |                  |                    | -                                    | CR           | XXIIF^       |        |  |
| FIRST PRESENTATION OF MAIL                            | LE DEFENDEN                               | X                | X40-               | 17                                   | OR           | XEQ.         |        |  |
|   |   | <u> </u>         | +135.=             |                                      | ОЯ           | •270»        |        |  |
|   |   |                  | YOTAL<br>ADDIT FEE | 7                                    | OR .         | TOTAL        |        |  |
| (Column 1)  | (Colum                                    |                  | <b>~~~</b>         |                                      | •            | LOCAT, FEEL, |        |  |
| CUAINS REMARKS AFTER ANDIDMENT Total  Bridapandens  - | HIGHE MANUEL                              |                  |                    | ADDI-                                | r            | Y            | ADDI   |  |
| AFTER<br>AMDIONOUT                                    | PREVIOL PAIN H                            | ARTX3 VAR        | RATE               | TIONAL<br>FEE                        |              | RATE         | TIONAL |  |
| Total -   |   |                  | X\$ 9-             | ' 55                                 | <u>.</u>     | X418- ;      | FEE    |  |
| Independent .   | grande allegation and grande              | •                |                    |                                      | ОЯ           |              |        |  |
| PARST PRESENT   |   |                  | Xec.               |                                      | ОЯ           | <b>X</b> 00  |        |  |
| Million and as to and use of the                      |   |                  | • • •              |                                      | OR           | +225         |        |  |
| # She entry to octure 1 to 15                         | 7 %                                       | 70.              | AFIE I             |                                      | าล           | nę           |        |  |
| "If the Vighant Marshar Previously Paid i             |   | -                | •                  |                                      | •            | •            |        |  |

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